

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 04/24/2005		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 04/28/2005						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8599	848	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SAS			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	224	AMTNC INELIGIBLE TO RECEIVE SE	327	1657	1873	216
				RVICES IN IPRS.				
		8505	135	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404904	WESTERN HIGHLAN	8505	5504	CLAIM DENIED DUE TO INSUFFICIE				
	DS LME			NT BUDGET				
		143	17	CLIENT ID NUMBER NOT ON STATE	0	5537	5566	29
				ELIGIBILITY FILE				
		8800	16	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404905	TREND COMM MENT	0	0	*** NO DATA TO REPORT ***				
	AL HLTH CTR							
		0	0		0	0	0	0
3404910	PATHWAYS	8599	351	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8329	165	CLAIM DENIED ATTENDING PROVIDE	4	952	4243	3286
				R CANNOT BE THE SAME AS				
				THE LMA				
		8505	110	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404912	CATAWBA COUNTVM	11	271	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8599	80	DETAIL NOT COVERED BY COMBINAT	1	417	1644	1227
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	65	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404913	MECKLENBURG COM	21	5465	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		11	3528	CLIENT NOT ELIGIBLE ON SERVICE	1216	12643	14374	1731
				DATE				
		8329	957	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
3404916	CROSSROADS BEHA	8505	306	CLAIM DENIED DUE TO INSUFFICIE				
	VIORAL HEAL			NT BUDGET				
		21	186	DUPLICATE OF CLAIM-SYSTEM	3	505	1641	1136
		8599	6	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404917	CENTERPOINT HUM AN SERVICES	11	1918	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	883	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	31	4062	4517	455
		21	797	DUPLICATE OF CLAIM-SYSTEM				
3404918	ROCKINGHAM CO M ENTAL HEALT	8505	34	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	27	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	24	122	1135	1013
		8935	19	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404919	GUILFORD CO MEN TAL HEALTHC	8505	1055	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	268	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	34	1652	8336	6684
		21	102	DUPLICATE OF CLAIM-SYSTEM				
3404920	ALAMANCE CASWEL L AREA MH D	8505	3260	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	212	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	15	4014	6832	2818
		10	186	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404921	ORANGE PERSON C HATHAM AREA	5312	2690	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8505	1062	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	24	4707	6589	1882
		8599	435	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	11	985	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	484	DUPLICATE OF CLAIM-SYSTEM	0	2082	4176	2094
		8599	364	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404923	VGFW AREA AUTHO RITY	8505	179	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	59	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	282	2723	2441
		8800	32	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404925	SANDHILLS CENTE R FOR MH/DD	8505	3989	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	222	DUPLICATE OF CLAIM-SYSTEM	71	5011	9679	4668
		8599	216	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	21	2279	DUPLICATE OF CLAIM-SYSTEM				
		8931	1827	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	3173	9014	13844	4830
		8935	1196	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404927	CUMBERLAND CO M HC	8505	514	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	153	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	2	854	2501	1647
		8599	108	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404929	LEE HARNETT MH/ DD/SAS	21	41	DUPLICATE OF CLAIM-SYSTEM				
		11	41	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	115	304	189
		5404	20	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	22	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	1	DUPLICATE OF CLAIM-SYSTEM	0	23	155	132
3404931	WAKE CO HUM SVC BILLING OF	21	1064	DUPLICATE OF CLAIM-SYSTEM				
		27	853	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	397	3682	21971	18289
		8599	606	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	11	93	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		23	41	SERVICE REQUIRES PRIOR APPROVA L	0	139	291	152
		8505	4	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404934	ONSLow COUNTY B EHAVIORAL H	8800	197	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8505	196	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	463	995	532
		8599	47	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8931	8	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.				
		8932	7	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.	15	25	674	649
		21	4	DUPLICATE OF CLAIM-SYSTEM				
3404937	EDGEcombe NASH MNTL HLTH C	8505	859	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	262	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1164	2008	844
		21	19	DUPLICATE OF CLAIM-SYSTEM				
3404938	VGFw DBA RIVERS TONE COUNSE	8622	14	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		8931	5	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.	6	24	501	477
		5404	2	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404939	NEUSE MENTAL HE ALTH CENTER	21	100	DUPLICATE OF CLAIM-SYSTEM				
		27	77	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	3	397	3847	3450
		120	76	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404941	PITT CO MH/DD/S AS CENTER	11	136	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	107	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	12	316	1523	1207
		143	20	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404942	ROANoke CHOWANH UMAN SERVIC	21	28	DUPLICATE OF CLAIM-SYSTEM				
		8522	18	CLAIM DENIED, ATTENDING PROVID ER CANCELLED.	18	83	1428	1345
		8931	16	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	PAID
3404943	ALBEMARLE MENTAL HEALTH CE	8505	211	CLAIM DENIED DUE TO INSUFFICIENT BUDGET			
		8800	61	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	20	398	1330
		11	36	CLIENT NOT ELIGIBLE ON SERVICE DATE			
3404944	EASTPOINTE HUMAN SERVICES	8505	470	CLAIM DENIED DUE TO INSUFFICIENT BUDGET			
		8599	63	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	32	612	2064
		8622	24	60 RESIDENTIAL LEVEL II TREATMENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.			
3404946	FOOTHILLS AREA MENTAL HEALTH	5404	3	SEVERE DUPLICATE: SAME ATTD PROOV/PCODE/TOS/DOS/MOD			
		8599	2	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	5	162
3404957	TIDELAND MENTAL HEALTH CTR	8599	177	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		8931	19	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	36	267	2011
		537	16	PROCEDURE IS NOT COVERED FOR THIS DATE OF SERVICE			
3404979	NEW RIVER AREA H/DD/SA PRO	8599	375	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		8505	335	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	117	959	6579
		8931	103	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.			